

## Section 5 — TOPICAL MODULES

### Part A — RECIPIENCY HISTORY

**Statement C** → **Now I have some questions regarding past participation in Government programs.**

**CHECK ITEM T1** Refer to cc items 44–47.  
Was an interview obtained for . . . in Wave 1? **8000** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T3

**FIELD REPRESENTATIVE INSTRUCTION:** Look at column (5) of the "Income Roster" on page 5 for income codes 1–10, 20–35, 40, and 41. If the X3 "never received" box is marked for an income code, line through that income code in the "Reciprocity History Roster" below.

**CHECK ITEM T2** Are any income types or special indicators listed in the Reciprocity History Roster below? **8002** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T3

**1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciprocity that was occurring sometime in the period 5 to 8 months ago.)**

RECIPIENCY HISTORY ROSTER (ISS Codes 1–10, 20–35, 40, 41, 172, 176)

Line No. (a)	Source (b)	ISS code (c)	Date reciprocity began (d)					
			Month	OR	DK	Year	OR	DK
1		<b>8004</b> <input type="text"/>	<b>8006</b> <input type="text"/>		<input type="checkbox"/>	<b>8008</b> 1 9 <input type="text"/>		<input type="checkbox"/>
2		<b>8010</b> <input type="text"/>	<b>8012</b> <input type="text"/>		<input type="checkbox"/>	<b>8014</b> 1 9 <input type="text"/>		<input type="checkbox"/>
3		<b>8016</b> <input type="text"/>	<b>8018</b> <input type="text"/>		<input type="checkbox"/>	<b>8020</b> 1 9 <input type="text"/>		<input type="checkbox"/>
4		<b>8022</b> <input type="text"/>	<b>8024</b> <input type="text"/>		<input type="checkbox"/>	<b>8026</b> 1 9 <input type="text"/>		<input type="checkbox"/>
5		<b>8028</b> <input type="text"/>	<b>8030</b> <input type="text"/>		<input type="checkbox"/>	<b>8032</b> 1 9 <input type="text"/>		<input type="checkbox"/>
6		<b>8034</b> <input type="text"/>	<b>8036</b> <input type="text"/>		<input type="checkbox"/>	<b>8038</b> 1 9 <input type="text"/>		<input type="checkbox"/>
7		<b>8040</b> <input type="text"/>	<b>8042</b> <input type="text"/>		<input type="checkbox"/>	<b>8044</b> 1 9 <input type="text"/>		<input type="checkbox"/>
8		<b>8046</b> <input type="text"/>	<b>8048</b> <input type="text"/>		<input type="checkbox"/>	<b>8050</b> 1 9 <input type="text"/>		<input type="checkbox"/>

**CHECK ITEM T3** Refer to cc item 24.  
Is . . . 18 years of age or older? **8052** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T10, page 56

**CHECK ITEM T4** Refer to item 1, Reciprocity History Roster.  
Is "Food stamps" (code 27) listed? **8054** 1 ☐ Yes  
2 ☐ No — SKIP to 2b

**2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?** **8056** 1 ☐ Yes — SKIP to 2d  
2 ☐ No — SKIP to Check Item T5

**b. Has . . . ever applied for the Federal Government's Food Stamp Program?** **8058** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T5

**c. Has . . . ever been authorized to receive food stamps?** **8060** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T5

**d. When did . . . first start receiving food stamps?**  
(If authorized but never received, mark "Don't know.")  
**8062**  Month ☐ Don't know  
**8064** 1 9  Year ☐ Don't know

**e. For how long did . . . receive food stamps that time?**  
**8066**  Months  
OR  
**8068**  Years  
**8070** ☐ Don't know

**f. How many times in all have there been when . . . was authorized to receive food stamps?**  
**8072**  Times  
☐ Don't know

# Section 5 — TOPICAL MODULES (Continued)

## Part A — RECIPIENCY HISTORY (Continued)

<b>CHECK ITEM T5</b>	Refer to cc item 27. Is ... a designated parent or guardian of children under 18 years old who live in this household?	<b>8074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>CHECK ITEM T6</b>	Refer to Item 1, Reciprocity History Roster. Is "AFDC" (code 20) listed?	<b>8076</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3b
<b>3a.</b>	Besides this period of time, have there been any other times when ... received AFDC (ADC)?	<b>8078</b> 1 <input type="checkbox"/> Yes — SKIP to 3d 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>b.</b>	Has ... ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?	<b>8080</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>c.</b>	Has ... ever received AFDC (ADC) benefits?	<b>8082</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
<b>d.</b>	When did ... first start receiving AFDC (ADC) benefits?	<b>8084</b> <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know <b>8086</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
<b>e.</b>	For how long did ... receive AFDC (ADC) that time?	<b>8088</b> <input type="text"/> <input type="text"/> Months OR <b>8090</b> <input type="text"/> <input type="text"/> Years <b>8092</b> x1 <input type="checkbox"/> DK
<b>f.</b>	How many times in all have there been when ... received AFDC (ADC)?	<b>8094</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
<b>CHECK ITEM T7</b>	Refer to Item 1, Reciprocity History Roster. Is "SSI" (codes 3 or 4) listed?	<b>8096</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4b
<b>4a.</b>	Besides this period of time, have there been any other times when ... received SSI benefits?	<b>8098</b> 1 <input type="checkbox"/> Yes — SKIP to 4d 2 <input type="checkbox"/> No — SKIP to Check Item T8
<b>b.</b>	Has ... ever applied for benefits from the program called SSI (Supplemental Security Income)?	<b>8100</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T8
<b>c.</b>	Has ... ever received SSI benefits?	<b>8102</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T8
<b>d.</b>	When did ... first start receiving SSI?	<b>8104</b> <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know <b>8106</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
<b>e.</b>	For how long did ... receive SSI that time?	<b>8108</b> <input type="text"/> <input type="text"/> Months OR <b>8110</b> <input type="text"/> <input type="text"/> Years <b>8112</b> x1 <input type="checkbox"/> DK
<b>CHECK ITEM T8</b>	Refer to cc item 47. Is "Medicaid" (code 173) marked?	<b>8114</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T10, page 56
<b>CHECK ITEM T9</b>	Refer to cc item 45. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked for Wave 1?	<b>8116</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T10, page 56 2 <input type="checkbox"/> No

# Section 5 — TOPICAL MODULES (Continued)

## Part A — RECIPIENCY HISTORY (Continued)

**5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?**

**8118**   Month x1 ☐ Don't know  
**8120**  1  9  Year x1 ☐ Don't know  
**8122** x3 ☐ Never covered by Medicaid

**CHECK ITEM T10** Refer to item 27a or 27b, page 10.  
 Was . . . covered by a health insurance plan?  
 (Is item 27a or 27b, page 10 marked "Yes"?)

**8124** 1 ☐ Yes  
 2 ☐ No — SKIP to item 7

**6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?**

**8128**   Months  
 OR  
**8128**   Years  
**8130** x3 ☐ Have always had insurance  
 x1 ☐ DK } SKIP to Check Item T11

**7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?**

**8132**   Month x1 ☐ Don't know  
**8134**  1  9  Year x1 ☐ Don't know  
**8138** x3 ☐ Has never been covered

**CHECK ITEM T11** Refer to cc item 19b.  
 Is . . . the reference person?

**8138** 1 ☐ Yes  
 2 ☐ No — SKIP to Check Item T14

**CHECK ITEM T12** Refer to cc items 16a and 16b.  
 Is this housing unit public or subsidized?

**8140** 1 ☐ Yes  
 2 ☐ No — SKIP to Check Item T13

**8. For how long has . . . been living in public or subsidized housing?**

**8142**   Months  
 OR  
**8144**   Years  
**8146** x3 ☐ Have always lived in public housing  
 x1 ☐ DK } SKIP to Check Item T14

**CHECK ITEM T13** Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20—27, or code 173?

**8148** 1 ☐ Yes  
 2 ☐ No — SKIP to Check Item T14

**9. Is . . . on a waiting list for public or subsidized housing?**

**8150** 1 ☐ Yes  
 2 ☐ No

NOTES



## Section 5 — TOPICAL MODULES (Continued)

### Part B — EMPLOYMENT HISTORY

<b>CHECK ITEM T14</b>	Refer to cc item 24. Is ... 18 to 64 years old?	<b>8200</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T23, page 60
<b>STATEMENT D</b> → Now I would like to ask some questions about some of the jobs ... has held.			
<b>CHECK ITEM T15</b>	Refer to cc items 42 and 43. Is there an employer or business listed?	<b>8202</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T17
<b>ASK OR VERIFY —</b> <b>1. What was the name of ...'s MAIN employer or business during the period (8 months ago) through (5 months ago)?</b> (If more than one, enter name of most recent employer)		<b>PGM 8</b>	Name of employer or business
		<b>8204</b>	_____
<b>CHECK ITEM T16</b>	Refer to cc item 42 or 43. What is the ID number of this employer or business?	<b>PGM 7</b>	
		<b>8206</b>	<input type="checkbox"/> Employer number
		<b>8208</b>	<input type="checkbox"/> Business number
		} SKIP to 3	
<b>CHECK ITEM T17</b>	Is "Worked" (code 170) marked on the ISS?	<b>8210</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a
<b>ASK OR VERIFY —</b> <b>2. What was the name of ...'s MAIN employer or business during the past 4 months?</b>		<b>PGM 8</b>	Name of employer or business
		<b>8212</b>	_____
<b>CHECK ITEM T18</b>	Refer to Check Item E3, page 16, Check Item E6, page 18, Check Item S1, page 20, or Check Item S7, page 22. What is the ID number of this employer or business?	<b>PGM 7</b>	
		<b>8214</b>	<input type="checkbox"/> Employer number
		<b>8216</b>	<input type="checkbox"/> Business number
		OR	
<b>3. When did ... start working for (Read name of employer or business)?</b> (If worked for more than one period of time, ask about most recent period)			
		<b>8218</b>	____ Month      x1 <input type="checkbox"/> Don't know
		<b>8220</b>	1 9 ____ Year      x1 <input type="checkbox"/> Don't know
<b>CHECK ITEM T19</b>	Refer to Check Items T16 or T18 above. Is "Employer number" entered?	<b>8222</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 6a
<b>4a. About how many persons were employed by ...'s employer at the location where ... works (worked)?</b>		<b>8224</b>	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 to 99 <input type="checkbox"/> 100 to 499 <input type="checkbox"/> 500 to 999 <input type="checkbox"/> 1,000 or more } SKIP to 4d <input type="checkbox"/> DK
<b>b. Did ...'s employer operate in more than one location?</b>		<b>8226</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to 4d <input type="checkbox"/> DK
<b>c. About how many persons were employed by ...'s employer at ALL LOCATIONS?</b>		<b>8228</b>	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 to 99 <input type="checkbox"/> 100 to 499 <input type="checkbox"/> 500 to 999 <input type="checkbox"/> 1,000 or more <input type="checkbox"/> DK
<b>d. Was ... a member of a labor union or a member of an employee association similar to a union at that job?</b>		<b>8230</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>e. Was ... covered by a union or employee association contract at that job?</b>		<b>8232</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

# Section 5 — TOPICAL MODULES (Continued)

## Part B — EMPLOYMENT HISTORY — Continued

<b>4f.</b> For how many years has . . . done the kind of work that . . . does on this job?	8234 <input type="text"/> <input type="text"/> Months OR 8236 <input type="text"/> <input type="text"/> Years 8238 x1 <input type="checkbox"/> DK	} SKIP to 6a
<b>5a.</b> When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?	8240 <input type="text"/> <input type="text"/> Month 8242 1 9 <input type="text"/> <input type="text"/> Year 8244 x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more	x1 <input type="checkbox"/> Don't know } SKIP to Check Item T20 x1 <input type="checkbox"/> Don't know } } ASK 5b
<b>b.</b> What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business? Mark (X) only one.	8246 1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other — Specify _____ x1 <input type="checkbox"/> DK	} SKIP to Check Item T23, page 60
<b>6a.</b> Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?	8248 <input type="text"/> <input type="text"/> Month 8250 1 9 <input type="text"/> <input type="text"/> Year 8252 x3 <input type="checkbox"/> Never had another job lasting two weeks or more — SKIP to Check Item T22	x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know
<b>CHECK ITEM T20</b> Refer to item 5a or 6a above. Is the year 1978 or later?	8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T22	
<b>6b.</b> What was the name of . . . 's employer or business at that time?	PGM 8 8256 <input type="text"/>	Name of employer or business
<b>c.</b> What kind of company, business, or industry was (Name of employer or business)?	PGM 8 8258 <input type="text"/>	
<b>d.</b> Was that business or industry mainly — (Read categories)	PGM 8 8260 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?	
<b>e.</b> What kind of work was . . . doing on that job?	PGM 8 8262 <input type="text"/>	
<b>f.</b> What were . . . 's most important activities or duties?	PGM 8 8264 <input type="text"/>	
<b>g.</b> Did . . . work for an employer on that job or was . . . self-employed?	ASK OR VERIFY — PGM 7 8266 1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed	
<b>h.</b> When did . . . START working for (Name of employer or business)?	8268 <input type="text"/> <input type="text"/> Month 8270 1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know

# Section 5 — TOPICAL MODULES (Continued)

## Part B — EMPLOYMENT HISTORY (Continued)

**6i. What was the main reason . . . stopped working for (Name of employer or business)?**  
Mark (X) only one.

8272

- ☐ 1 Layoff, plant closed
- ☐ 2 Discharged
- ☐ 3 Job was temporary and ended
- ☐ 4 Found a better job
- ☐ 5 Retirement/old age
- ☐ 6 Did not like working conditions
- ☐ 7 Dissatisfied with earnings
- ☐ 8 Did not like location
- ☐ 9 Going to school
- ☐ 10 Became pregnant/had child
- ☐ 11 Health reasons
- ☐ 12 Other family or personal reasons
- ☐ 13 Other — Specify

**7a. In what year did . . . first work six straight months or longer at some job or business?**

8274

1 9

- x3 ☐ Never worked 6 straight months at a job or business — SKIP to Check Item T23, page 60
- x1 ☐ DK — SKIP to Check Item T22

**b. Since (Year in 7a) has . . . always worked at least six months during the year?**

8276

- ☐ 1 Yes — SKIP to Check Item T23, page 60
- ☐ 2 No
- x1 ☐ DK — SKIP to Check Item T23, page 60

**c. How many years were there when . . . worked at least 6 months during the year?**

8278

Years  
x1 ☐ DK

CHECK  
ITEM T21

Refer to item 7a.  
Is the year in item 7a 1978 or later?

8280

- ☐ 1 Yes — SKIP to 8a
- ☐ 2 No

**7d. Since the beginning of 1978 how many years have there been when . . . worked at least 6 months during the year?**

8282

- x5 ☐ All years
- OR
- Years
- OR
- x1 ☐ DK

CHECK  
ITEM T22

Refer to item 7a above, or item 3, page 57.  
Is there a year entered in item 7a or in item 3 (page 57)?

8284

- ☐ 1 Yes
- ☐ 2 No — SKIP to Check Item T23, page 60

**8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (Year in item 7a or 3), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business? (If dates in both 7a and 3, use earliest date.)**

8286

- ☐ 1 Yes
- ☐ 2 No — SKIP to Check Item T23, page 60

**b. About how many times has . . . gone 6 months or longer without working at a paid job or business?**

8288

Times  
x1 ☐ DK

**c. When was the last time that . . . went 6 months or longer without working at a paid job or business?**

8290

FROM  
1 9

x1 ☐ DK

8292

TO  
1 9

x1 ☐ DK

**d. What was the main reason . . . did not work at a paid job or business during that time?**  
Mark (X) only one.

8294

- ☐ 1 Took care of family or home
- ☐ 2 Own illness or disability
- ☐ 3 Could not find work
- ☐ 4 Going to school
- ☐ 5 Became pregnant/had child
- ☐ 6 Other — Specify



# Section 5 — TOPICAL MODULES — Continued

## Part C — WORK DISABILITY HISTORY

<b>CHECK ITEM T23</b>	Refer to cc item 24. What is ...'s age?	<b>8300</b>	<input type="checkbox"/> 15 years old — SKIP to Statement F, page 62 <input type="checkbox"/> 16 to 67 years old <input type="checkbox"/> 68 years old or older — SKIP to Statement F, page 62
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**STATEMENT E** → Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.

<b>CHECK ITEM T24</b>	Is "Disabled" (code 171) marked on the ISS for ...?	<b>8302</b>	<input type="checkbox"/> 1 Yes — SKIP to 1a <input type="checkbox"/> 2 No
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<b>CHECK ITEM T25</b>	Refer to cc, item 47. Is "Disabled" (code 171) marked on the control card for ...?	<b>8304</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 1b
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<b>1a.</b>	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	<b>8306</b>	<input type="checkbox"/> 1 Yes — SKIP to 1c <input type="checkbox"/> 2 No — SKIP to Statement F, page 62
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<b>b.</b>	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	<b>8308</b>	<input type="checkbox"/> 1 Yes — Mark "171" on ISS <input type="checkbox"/> 2 No — SKIP to Statement F, page 62
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<b>c.</b>	When did ... become limited in the kind or amount of work that ... could do at a job?	<b>8310</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> x1 Don't know <b>8312</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year <input type="checkbox"/> x1 Don't know OR <b>8314</b> <input type="checkbox"/> x3 Person was limited before person became of working age — SKIP to 2a <input type="checkbox"/> x5 Person became limited after retiring — SKIP to Statement F, page 62
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<b>d.</b>	Was ... employed at the time ...'s work limitation began?	<b>8316</b>	<input type="checkbox"/> 1 Yes — SKIP to 2a <input type="checkbox"/> 2 No
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<b>e.</b>	When was the last time ... worked before ...'s work limitation began?	<b>8318</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> x1 Don't know <b>8320</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year <input type="checkbox"/> x1 Don't know OR <b>8322</b> <input type="checkbox"/> x3 Had never been employed before work limitation began
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<b>2a.</b>	ASK OR VERIFY — (SHOW FLASHCARD EE) What health condition is the main reason for ...'s work limitation?	<b>8324</b> Code <input type="text"/> <input type="text"/> Name of health condition <input type="text"/> <input type="text"/>
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<b>b.</b>	ASK OR VERIFY — Was this condition caused by an accident or injury?	<b>8326</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item T26
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<b>c.</b>	Where did the accident or injury take place — was it (Read categories) — Mark (X) only one.	<b>8328</b>	<input type="checkbox"/> 1 On the job? <input type="checkbox"/> 2 During service in the Armed Forces? <input type="checkbox"/> 3 In the home? <input type="checkbox"/> 4 Somewhere else?
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<b>CHECK ITEM T26</b>	Is "Worked" (code 170) marked on the ISS?	<b>8330</b>	<input type="checkbox"/> 1 Yes — SKIP to Check Item T27 <input type="checkbox"/> 2 No
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<b>3a.</b>	Does ...'s health or condition prevent ... from working at a job or business?	<b>8332</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 4a
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<b>b.</b>	When did ... become unable to work at a job?	<b>8334</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> x1 Don't know <b>8336</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year <input type="checkbox"/> x1 Don't know OR <b>8338</b> <input type="checkbox"/> x3 Has never been able to work at a job — SKIP to Statement F, page 62
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**Section 5 — TOPICAL MODULES (Continued)****Part C — WORK DISABILITY HISTORY (Continued)****CHECK  
ITEM T27**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per  
week during the reference period?**8340**

- 1 ☐ Yes — *SKIP to 4b*  
2 ☐ No

**4a.** Is . . . now able to work at a full-time job or is . . .  
only able to work part-time?**8342**

- 1 ☐ Full-time  
2 ☐ Part-time  
3 ☐ Not able to work — *SKIP to Statement F, page 62*

**b.** Is . . . now able to work regularly or is . . . only  
able to work occasionally or irregularly?**8344**

- 1 ☐ Regularly  
2 ☐ Only occasionally or irregularly  
3 ☐ Not able to work — *SKIP to Statement F, page 62*

**c.** Is . . . now able to do the same kind of work . . .  
did before . . . 's work limitation began?**8346**

- 1 ☐ Yes, able to do same kind of work  
2 ☐ No, not able to do same kind of work  
3 ☐ Did not work before limitation began

NOTES



# Section 5 — TOPICAL MODULES (Continued)

## Part D — EDUCATION AND TRAINING HISTORY

### STATEMENT F

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

#### CHECK ITEM T28

Refer to cc items 31b and 31c.

Has . . . completed the 12th grade?

8400

- 1 ☐ No, has not completed 12th grade  
2 ☐ Yes, has completed 12th grade — SKIP to item 3a

1. When did . . . last attend elementary or high school?

8402

Month x1 ☐ Don't know

8404

1 9   Year x1 ☐ Don't know

8406

- 1 ☐ Currently attending — SKIP to Check Item T34, page 65  
2 ☐ Never attended

2. Has . . . received a high school diploma? (Include GED's.)

8408

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T31

3a. When did . . . receive a high school diploma?

8410

Month x1 ☐ Don't know

8412

1 9   Year x1 ☐ Don't know

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

- 1 ☐ Public  
2 ☐ Private, church-related  
3 ☐ Private, not church-related  
4 ☐ Did not attend high school  
x1 ☐ DK

#### CHECK ITEM T29

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21—26 in cc item 31b)

8416

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T31

4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?

8418

Month x1 ☐ Don't know

8420

1 9   Year x1 ☐ Don't know

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

- 1 ☐ PhD or equivalent  
2 ☐ Professional degree such as Dentistry, Medicine, Law, or Theology  
3 ☐ Master's degree  
4 ☐ Bachelor's degree  
5 ☐ Associate degree  
6 ☐ Vocational, technical, or business certificate or diploma  
7 ☐ Has not earned a degree } SKIP to 4f  
x1 ☐ DK

c. When did . . . receive that degree?

8424

Month x1 ☐ Don't know

8426

1 9   Year x1 ☐ Don't know

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

Code Field of study

x1 ☐ Don't know

#### CHECK ITEM T30

Refer to item 4b above.

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T31

4e. When did . . . receive his/her Bachelor's degree?

8432

Month x1 ☐ Don't know

8434

1 9   Year x1 ☐ Don't know

SKIP to Check Item T31

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

Code Field of study

x1 ☐ Don't know

g. When was the last time that . . . was a student at a college or university?

8438

Month x1 ☐ Don't know

8440

1 9   Year x1 ☐ Don't know

OR

8442

- 1 ☐ Is still a student

Section 5 — TOPICAL MODULES (Continued)	
Part D — EDUCATION AND TRAINING HISTORY (Continued)	
<b>CHECK ITEM T31</b>	<p>Refer to cc item 24. Is . . . 65 years of age or older?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><b>8444</b> <input type="checkbox"/> Yes — <i>SKIP to Check Item T34, page 65</i></p> <p><input type="checkbox"/> No</p> </div> </div>
<p><b>5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?</b></p>	<p><b>8446</b> <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No } <i>SKIP to Check Item T34, page 65</i></p> <p><input type="checkbox"/> DK }</p>
<p><b>b. Was any of this training sponsored by any of the following programs (Read categories)?</b> <i>Mark (X) all that apply.</i></p>	<p><b>8448</b> <input type="checkbox"/> Job Training Partnership Act (JTPA) or Comprehensive Employment Training Act (CETA)</p> <p><b>8450</b> <input type="checkbox"/> Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)</p> <p><b>8452</b> <input type="checkbox"/> Food Stamps Work Program</p> <p><b>8454</b> <input type="checkbox"/> Other program sponsored by the Welfare Program or AFDC</p> <p><b>8456</b> <input type="checkbox"/> Veterans' Training Programs</p> <p><b>8458</b> <input type="checkbox"/> No</p>
<p><b>c. What type of training program is (was) this?</b> <i>Mark (X) all that apply.</i></p>	<p><b>8460</b> <input type="checkbox"/> Classroom training—job skills</p> <p><b>8462</b> <input type="checkbox"/> Classroom training—basic education</p> <p><b>8464</b> <input type="checkbox"/> On-the-job training</p> <p><b>8466</b> <input type="checkbox"/> Job search assistance</p> <p><b>8468</b> <input type="checkbox"/> Work experience</p> <p><b>8470</b> <input type="checkbox"/> Other</p>
<p><b>d. Where did . . . receive this training?</b> <i>Mark (X) all that apply.</i></p>	<p><b>8472</b> <input type="checkbox"/> Apprenticeship program</p> <p><b>8474</b> <input type="checkbox"/> Business, commercial, or vocational school</p> <p><b>8476</b> <input type="checkbox"/> Junior or community college</p> <p><b>8478</b> <input type="checkbox"/> Program completed at a 4 year college or graduate school</p> <p><b>8480</b> <input type="checkbox"/> High school vocational program</p> <p><b>8482</b> <input type="checkbox"/> Training program at work</p> <p><b>8484</b> <input type="checkbox"/> Military (exclude basic training)</p> <p><b>8486</b> <input type="checkbox"/> Correspondence course</p> <p><b>8488</b> <input type="checkbox"/> Training or experience received on previous job</p> <p><b>8490</b> <input type="checkbox"/> Sheltered workshop</p> <p><b>8492</b> <input type="checkbox"/> Vocational rehabilitation centers</p> <p><b>8494</b> <input type="checkbox"/> Other</p>
<p><b>e. Does . . . use this training on . . . 's (most recent) job?</b></p>	<p><b>8496</b> <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>f. When did . . . start this (most recent) training?</b> <i>(If more than one training occurred, ask about the most recent one.)</i></p>	<p><b>8498</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> Don't know</p> <p><b>8500</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> Year      x1 <input type="checkbox"/> Don't know</p>
<p><b>g. For how many weeks did . . . attend this (most recent) training program?</b></p>	<p><b>8502</b> <input type="text"/> <input type="text"/> <input type="text"/> Weeks</p> <p><b>8504</b> x3 <input type="checkbox"/> Currently attending</p> <p>x4 <input type="checkbox"/> Less than 1 week</p> <p>x1 <input type="checkbox"/> Don't know</p>
<p><b>h. Who paid for this (most recent) program?</b> <i>Mark (X) all that apply.</i></p>	<p><b>8506</b> <input type="checkbox"/> Self or family</p> <p><b>8508</b> <input type="checkbox"/> Employer</p> <p><b>8510</b> <input type="checkbox"/> Federal, State, or local government</p> <p><b>8512</b> <input type="checkbox"/> Someone else</p>
<p><b>Go to Check Item T34, page 65</b></p>	
<p>NOTES</p>	

## Section 5 — TOPICAL MODULES (Continued)

### Part E — MARITAL HISTORY

**CHECK  
ITEM T34**

Refer to cc item 26a.

What is ...'s current marital status?

8600

- 1 ☐ Married, spouse present  
 2 ☐ Married, spouse absent  
 3 ☐ Widowed  
 4 ☐ Divorced  
 5 ☐ Separated  
 6 ☐ Never married — SKIP to Statement H, page 67

**STATEMENT G**

Now I have a few questions about ...'s marital history.

**1. How many times has ... been married?**

8602

- 1 ☐ 1 — SKIP to Check Item T38, page 66  
 2 ☐ 2  
 3 ☐ 3  
 4 ☐ 4 +

**2a. In what month and year did ... get married for the first time?**

8604

Month x1 ☐ Don't know

8606

1 9   Year x1 ☐ Don't know

**b. Did ...'s first marriage end in widowhood or in divorce?**

8608

- 1 ☐ Widowhood  
 2 ☐ Divorce

**c. In what month and year was ... (widowed/divorced)?**

8610

Month x1 ☐ Don't know

8612

1 9   Year x1 ☐ Don't know

**CHECK  
ITEM T35**

Refer to item 2b above.

Is "Widowhood" marked in item 2b?

8614

- 1 ☐ Yes — SKIP to Check Item T36  
 2 ☐ No

**2d. In what month and year did ... actually stop living with ...'s spouse?**

8616

Month x1 ☐ Don't know

8618

1 9   Year x1 ☐ Don't know

**CHECK  
ITEM T36**

Refer to item 1.

How many times has ... been married?

8620

- 1 ☐ 2 — SKIP to Check Item T38, page 66  
 2 ☐ 3 +

**3a. In what month and year did ... get married for the second time?**

8622

Month x1 ☐ Don't know

8624

1 9   Year x1 ☐ Don't know

**b. Did ...'s second marriage end in widowhood or in divorce?**

8626

- 1 ☐ Widowhood  
 2 ☐ Divorce

**c. In what month and year was ... (widowed/divorced)?**

8628

Month x1 ☐ Don't know

8630

1 9   Year x1 ☐ Don't know

**CHECK  
ITEM T37**

Refer to item 3b.

Is "Widowhood" marked?

8632

- 1 ☐ Yes — SKIP to Check Item T38, page 66  
 2 ☐ No

**3d. In what month and year did ... actually stop living with ...'s second spouse?**

8634

Month x1 ☐ Don't know

8636

1 9   Year x1 ☐ Don't know

NOTES



## Section 5 — TOPICAL MODULES (Continued)

### Part E — MARITAL HISTORY (Continued)

<b>CHECK ITEM T38</b>	Has a Wave 2 interview been obtained for ...'s spouse?	<b>8638</b>	<input type="checkbox"/> 1 Yes — <i>SKIP to Statement H</i> <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No, no spouse in household
<b>4a.</b>	In what month and year did ... get married (most recently)?	<b>8640</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>
		<b>8642</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Year</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>
<b>CHECK ITEM T39</b>	Refer to Check Item T34.  What is ...'s current marital status?	<b>8644</b>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> 1 Married, spouse present  <input type="checkbox"/> 2 Married, spouse absent  <input type="checkbox"/> 3 Widowed  <input type="checkbox"/> 4 Divorced  <input type="checkbox"/> 5 Separated — <i>SKIP to item 4c</i> </div> <div style="font-size: 2em; margin: 0 10px;">}</div> <div> <i>SKIP to Statement H</i> </div> </div>
<b>4b.</b>	In what month and year was ... (widowed/divorced)?	<b>8646</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>
		<b>8648</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Year</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>
<b>CHECK ITEM T40</b>	Refer to Check Item T39. Is "Widowed" marked?	<b>8650</b>	<input type="checkbox"/> 1 Yes — <i>SKIP to Statement H</i> <input type="checkbox"/> 2 No
<b>4c.</b>	When did ... actually stop living with ...'s (most recent) spouse?	<b>8652</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>
		<b>8654</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Year</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">x1</div> <input type="checkbox"/> Don't know       </div>

**GO to Statement H**

NOTES

# Section 5 — TOPICAL MODULES (Continued)

## Part F — MIGRATION HISTORY

### STATEMENT H

Now I have some questions about places where ... has lived in the past, and where ... was born.

<b>1. When did ... move into this home/apartment/mobile home?</b>	<b>8700</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know <b>8702</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know x4 <input type="checkbox"/> Always lived here — SKIP to Check Item T42, page 68
<b>2. Before living here, where did ... live?</b> <i>(Refer to Flashcard GG for State or country code.)</i>	<b>8704</b> 1 <input type="checkbox"/> Same state, same county 2 <input type="checkbox"/> Same state, different county <input type="checkbox"/> Different State — Specify code <b>8706</b> <input type="text"/> <input type="text"/> <input type="checkbox"/> DK } SKIP to item 6 <input type="checkbox"/> Different country — Specify code <b>8708</b> <input type="text"/> <input type="text"/> <input type="checkbox"/> DK
<b>3. During what period of time did ... live there?</b>	<b>8709</b> x4 <input type="checkbox"/> Lived there since birth — SKIP to Check Item T42, page 68 FROM <b>8710</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know <b>8712</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know TO <b>8714</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know <b>8716</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know
<b>4. Has ... ever lived in another State or foreign country?</b>	<b>8718</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 7
<b>5. What State or foreign country was that?</b> <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i>	Specify code <b>8720</b> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> Don't know
<b>6. During what period of time did ... live there?</b>	FROM <b>8722</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know <b>8724</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know TO <b>8726</b> <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know <b>8728</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know
<b>7. In what State or foreign country was ... born?</b> <i>(Enter code from Flashcard GG.)</i>	Specify code <b>8730</b> <input type="text"/> <input type="text"/>
<b>CHECK ITEM T41</b> Refer to item 7 above. Does the code in item 7 equal a foreign country code of 62–92 or 99?	<b>8732</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T42, page 68
<b>8. Is ... a naturalized citizen of the United States?</b>	<b>8734</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents — SKIP to Check Item T42, page 68
<b>9. When did ... come to the United States to stay?</b>	<b>8736</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x5 <input type="checkbox"/> Before 1901

# Section 5 — TOPICAL MODULES (Continued)

## Part G — FERTILITY HISTORY

<b>CHECK ITEM T42</b>	Refer to cc items 24 and 28. What is . . . 's age and sex?	<b>8750</b> 1 <input type="checkbox"/> Female — Read Statement I and then SKIP to item 2a 2 <input type="checkbox"/> Male, 18+ years old 3 <input type="checkbox"/> Male, 15–17 years old — SKIP to Check Item T50, page 70																												
<b>STATEMENT I</b> Now I have a few questions about the number of children, if any, that have been born to . . .																														
<b>1. How many children, IF ANY, is . . . the father of?</b> (If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)	<b>8752</b>	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know } SKIP to Check Item T50, page 70																												
<b>2a. How many children, if any, has . . . ever had?</b> (Do not count stillbirths, adopted, foster, or stepchildren.)	<b>8754</b>	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None — SKIP to Check Item T50, page 70																												
<b>CHECK ITEM T43</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>8756</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T50, page 70 2 <input type="checkbox"/> No																												
<b>2b. Are all of . . . 's children currently living in this household?</b>	<b>8758</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T45																												
<b>CHECK ITEM T44</b>	Refer to cc item 24.  Verify the birth date of . . . 's first born and last child born (if more than one child ever born) and enter the person number of the child(ren). Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.	<table border="0"> <tr> <td>First child</td> <td><b>8760</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Month</td> <td><b>8762</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Year</td> <td><b>8764</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Child's number</td> </tr> <tr> <td>Last child</td> <td><b>8766</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Month</td> <td><b>8768</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Year</td> <td><b>8770</b></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Child's number</td> </tr> </table> } SKIP to Check Item T50, page 70	First child	<b>8760</b>	<input type="text"/>	<input type="text"/>	Month	<b>8762</b>	<input type="text"/>	<input type="text"/>	Year	<b>8764</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child's number	Last child	<b>8766</b>	<input type="text"/>	<input type="text"/>	Month	<b>8768</b>	<input type="text"/>	<input type="text"/>	Year	<b>8770</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child's number
First child	<b>8760</b>	<input type="text"/>	<input type="text"/>	Month	<b>8762</b>	<input type="text"/>	<input type="text"/>	Year	<b>8764</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child's number																	
Last child	<b>8766</b>	<input type="text"/>	<input type="text"/>	Month	<b>8768</b>	<input type="text"/>	<input type="text"/>	Year	<b>8770</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child's number																	
<b>CHECK ITEM T45</b>	Refer to item 2a. How many children has . . . ever had?	<b>8778</b> 1 <input type="checkbox"/> One child — SKIP to 4a 2 <input type="checkbox"/> 2+ children																												
<b>3a. When was . . . 's last child born?</b>	<b>8780</b>	<input type="text"/> <input type="text"/> Month <b>8782</b> 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know																												
<b>CHECK ITEM T46</b>	Refer to item 3a. Was . . . 's last child born on or after January 1, 1970?	<b>8784</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a																												
<b>ASK OR VERIFY —</b> <b>3b. With whom does the child live now?</b>	<b>8786</b>	1 <input type="checkbox"/> Resides in this household — Go to Check Item T47 <b>Resides elsewhere</b> 2 <input type="checkbox"/> In his/her own household <b>With relatives</b> 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parent(s) 6 <input type="checkbox"/> With other relative(s) <b>With nonrelatives</b> 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK } SKIP to 4a																												
<b>CHECK ITEM T47</b>	Write the person number of the last child.	<b>8788</b> <input type="text"/> <input type="text"/> <input type="text"/> Person number of last child																												



## Section 5 — TOPICAL MODULES (Continued)

### Part G — FERTILITY HISTORY (Continued)

**4a. When was . . . 's first child born?**

8792

Month

x1 ☐ Don't know

8794

Year

x1 ☐ Don't know

**CHECK  
ITEM T48**

Refer to item 4a.  
Was . . . 's first child born on  
or after January 1, 1970?

8796

1 ☐ Yes

2 ☐ No — SKIP to Check Item T50, page 70

**ASK OR VERIFY —**  
**4b. With whom does the child live now?**

8798

1 ☐ Resides in this household — Go to Check Item T49

**Resides elsewhere**

2 ☐ In his/her own household

**With relatives**

3 ☐ With own father

4 ☐ With own grandparent(s)

5 ☐ With adoptive parent(s)

6 ☐ With other relative(s)

**With nonrelatives**

7 ☐ In foster care/foster family

8 ☐ In an institution (hospital)

9 ☐ In school

10 ☐ In correctional facility

11 ☐ Other

12 ☐ Deceased

13 ☐ DK

SKIP to Check  
Item T50, page 70

**CHECK  
ITEM T49**

Write the person number of  
the first child.

8800

Person number of first child

NOTES

# Section 5 — TOPICAL MODULES (Continued)

## Part H — HOUSEHOLD RELATIONSHIPS

<b>CHECK ITEM T50</b>	What is the composition of this household?	9266	1 <input type="checkbox"/> One person HH . . . . .	} <i>SKIP to Check Item C1, page 75</i>
			2 <input type="checkbox"/> Two person HH consisting of husband and wife	
			3 <input type="checkbox"/> Two person HH consisting of non-relatives	
			4 <input type="checkbox"/> Other	

<b>CHECK ITEM T51</b>	Is this the Reference Person's questionnaire?	9268	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 75</i>

Pretranscribe each person's name and person number into column headings a—n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

### AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

**STATEMENT J** → Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.  
For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

ASK OR VERIFY —		Name	Name	Name	Name	Name	Name
1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a—n)?		9272 a.	9274 b.	9276 c.	9278 d.	9280 e.	9282 f.
ROSTER		Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
9300	Name						
	Person No.						
9330	Name	9332					
	Person No.						
9360	Name	9362	9364				
	Person No.						
9390	Name	9392	9394	9396			
	Person No.						
9420	Name	9422	9424	9426	9428		
	Person No.						
9450	Name	9452	9454	9456	9458	9460	
	Person No.						
9480	Name	9482	9484	9486	9488	9490	9492
	Person No.						
9510	Name	9512	9514	9516	9518	9520	9522
	Person No.						
9540	Name	9542	9544	9546	9548	9550	9552
	Person No.						
9570	Name	9572	9574	9576	9578	9580	9582
	Person No.						
9600	Name	9602	9604	9606	9608	9610	9612
	Person No.						
9630	Name	9632	9634	9636	9638	9640	9642
	Person No.						
9660	Name	9662	9664	9666	9668	9670	9672
	Person No.						
9690	Name	9692	9694	9696	9698	9700	9702
	Person No.						

GO to Check Item C1, page 75

**Part H — HOUSEHOLD RELATIONSHIPS (Continued)**

## NOTES

[illegible]